Miami Dade College
InterAmerican Campus

Student Life

Funds Request & Travel Rationale Form

Date of Request

Club / Organization Name

Club Advisor Phone Room

Event

Date(s)

Location

Mode of Transportation

Rationale for Attendance:

Benefit to Organization:

Number of Students in Organization

Signature of Club Advisor, or Faculty / Staff Chaperone Date

Department Supervisor Date

Director of Student Life Approval Date

PRINT